

## **TO THE APPLICANT: TAKE THIS CARD WITH YOU**

- If you are an 18 to 26 year old male, State law requires that you bring your Selective Service Registration or Proof of Exemption to Senate Human Resources in Room 625, Sam Houston Building prior to employment.
- To obtain your Selective Service number and proof of registration call: (847) 688-6888 or you may register on-line at <http://www.sss.gov>

If you obtain a position in the Senate, when you report for duty you must bring:

One (1) of the documents from List A below. **OR**

One (1) of the documents from List B AND one (1) of the documents from List C.

**List A** (Bring one of the following:)

- 1) United States Passport
- 2) Certificate of United States Citizenship
- 3) Certificate of Naturalization
- 4) Unexpired foreign passport with attached Employment Authorization.
- 5) Alien Registration Card with photograph.

**List B** (Bring one of the following:)

- 1) State issued driver's license or a State issued I.D. card with a photograph, or information including name, sex, date of birth, height, weight, and color of eyes.
- 2) U.S. Military Card

AND

**List C** (Bring one of the following:)

- 1) Original Social Security Number Card (other than a card stating it is not valid for employment.)
- 2) A birth certificate issued by State, county, or municipal authority bearing a seal or other certification.
- 3) Unexpired INS Employment Authorization

Form SHR-1 (06/12/2000)



## **EEO Data Monitoring Card**

Completion of this card is not a requirement for making application for employment with the Texas Senate and the information will not be used for consideration of employment with the Senate. The information requested on this card will be used to compile Statistical Applicant and Employee Data. This information will be kept separate and apart from your Application for Employment by the EEO Officer.

Name ( Last, First, Middle)

Date

Address (Street & No., City, State, Zip Code)

Ethnic ☐ White

☐ Hispanic

☐ Asian American

Sex: ☐ Male

Origin/Race: ☐ Black

☐ American Indian

☐ Other (Specify)

☐ Female

Are you a U. S. Citizen? ☐ Yes ☐ No

If no, please specify your immigration status: \_\_\_\_\_

Month, Day, Year  
Date of Birth:

Position(s) Applied for:

1.

2.

3.

Referral ☐ Senate Employee

☐ Newspaper

☐ Professional Community Organization

Source: ☐ Job Posting

☐ Job Bank

☐ Other (Specify)



## APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT IN BLACK INK AND ANSWER ALL QUESTIONS						Date:					
Name, (Last, First, Middle)						Social Security Number					
Current Address (Street & Number or P.O. Box, City, State, Zip Code)						Phone (Area Code and Number)					
Permanent Address - If different from above (Street & Number or P.O. Box, City, State, Zip Code)						Alternate Phone #					
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please specify your Visa/Immigration Status Proof of your Citizenship/Visa/Immigration Status must be submitted upon request.											
Driver's License (State & No.)					Driver's Record if applying for position that requires use of State Vehicle <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						
Alternate Person to contact if you are unable to locate for Prospective Employment					Phone Number						
Have you ever been convicted of a felony by any court? * <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes" Describe Location, Date and the Type of Conviction (Use extra paper if necessary)								
Are you related to any member of the Legislature or employee of the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes" List Names, Relationship and State Agency or Department								
Have you ever been employed by the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes" When?				What Department or Agency?				
How or by whom were you Referred to the Senate for Employment?											
List Position you are applying for: 1.			2.				3.				
Minimum Acceptable Salary		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Shift <input type="checkbox"/>	Date available for Employment			What hours can you work?			
EDUCATION	Type of School	Name and Location of School		Dates Attended		Graduated		Number of Sem. Hrs. Completed	Type of Diploma or Degree	G. P. A.	Major Field of Study
				FROM	TO	YES	NO				
	High School										
	College or University										
	Technical Vocational										
LICENSE OR CERTIFICATES <input type="checkbox"/> CPA <input type="checkbox"/> ATTORNEY <input type="checkbox"/> PILOT <input type="checkbox"/> TEACHING <input type="checkbox"/> OTHER											
EMPLOYMENT EXPERIENCE	General Experience					Legislative Experience					
	Typing _____ WPM Accounting _____ yrs. Tested at _____ WPM Research _____ yrs. Computer _____ yrs. Clerical _____ yrs. Type of System _____ Shorthand _____ WPM Administration/Printer/Publications _____ yrs. Management _____ yrs. Receptionist/Secretary _____ yrs. Proofreader _____ yrs.					Senate _____ yrs. Legislative Budget Board _____ yrs. Governor _____ yrs. Legislative Council _____ yrs. Lieutenant Governor _____ yrs. Constituent/Caseworker _____ yrs. House of Representatives _____ yrs. Legislative Aide _____ yrs.					
	Foreign Languages		Speak			Read			Write		
	1. _____		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
	2. _____		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		

The Texas Senate is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

OVER

**We ask that you complete ALL portions of the application however you may submit a resume with your application.**

<b>1</b> Employment History	Present or most Recent Employer's Name	Firm, Business, Person, Organization	Phone Number
	Address, Street		City/State Zip Code
	Dates of Employment (Month/Year)	Name of Supervisor	Beginning Salary:
	From To		Ending Salary:
	Type of Business	Your Title	
	Please give brief Description of Duties and Responsibilities:		
Reason for Leaving:			

<b>2</b> Employment History	Firm, Business, Person, Organization		Phone Number
	Address, Street		City/State Zip Code
	Dates of Employment (Month/Year)	Name of Supervisor	Beginning Salary:
	From To		Ending Salary:
	Type of Business	Your Title	
	Please give brief Description of Duties and Responsibilities:		
Reason for Leaving:			

<b>3</b> Employment History	Firm, Business, Person, Organization		Phone Number
	Address, Street		City/State Zip Code
	Dates of Employment (Month/Year)	Name of Supervisor	Beginning Salary:
	From To		Ending Salary:
	Type of Business	Your Title	
	Please give brief Description of Duties and Responsibilities:		
Reason for Leaving:			

**REFERENCES: Please Do not list Relatives or Employers. You may list one Professor or Teacher**

Name	Address	Telephone Number	Occupation

**Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.**

- I understand this Employment application does not constitute an offer of employment or an employment contract. The Senate is an at-will employer so employees may be terminated by either themselves or the employer at any time for any reason or no reason at all, with or without cause or notice.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- I understand that the State of Texas requires all males who are 18 thru 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
- I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions and furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- I understand and agree that any misrepresentation or false statement by me in connection with this application will constitute cause not to employ me or, if employed to terminate my employment.

<b>Application Must Be Signed</b>	Applicant	Date
Sign Here 		

\* A Conviction does not Constitute an automatic bar to Employment, and the seriousness of the crime and date of conviction will be considered.